



# NAVIGATING MULTI-FACETED CHANGE IN ITALY'S HEALTH SERVICE: THE CASE OF THE FERRARA LOCAL HEALTH AUTHORITY (LHA) AND UNIVERSITY HOSPITAL

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# Acknowledgements

The study received unconditional support from Roche Spa.

We thank all the interviewees from LHA (AUSL) of Ferrara, University Hospital (AOU) of Ferrara, Municipalities of Ferrara, Argenta, Cento.



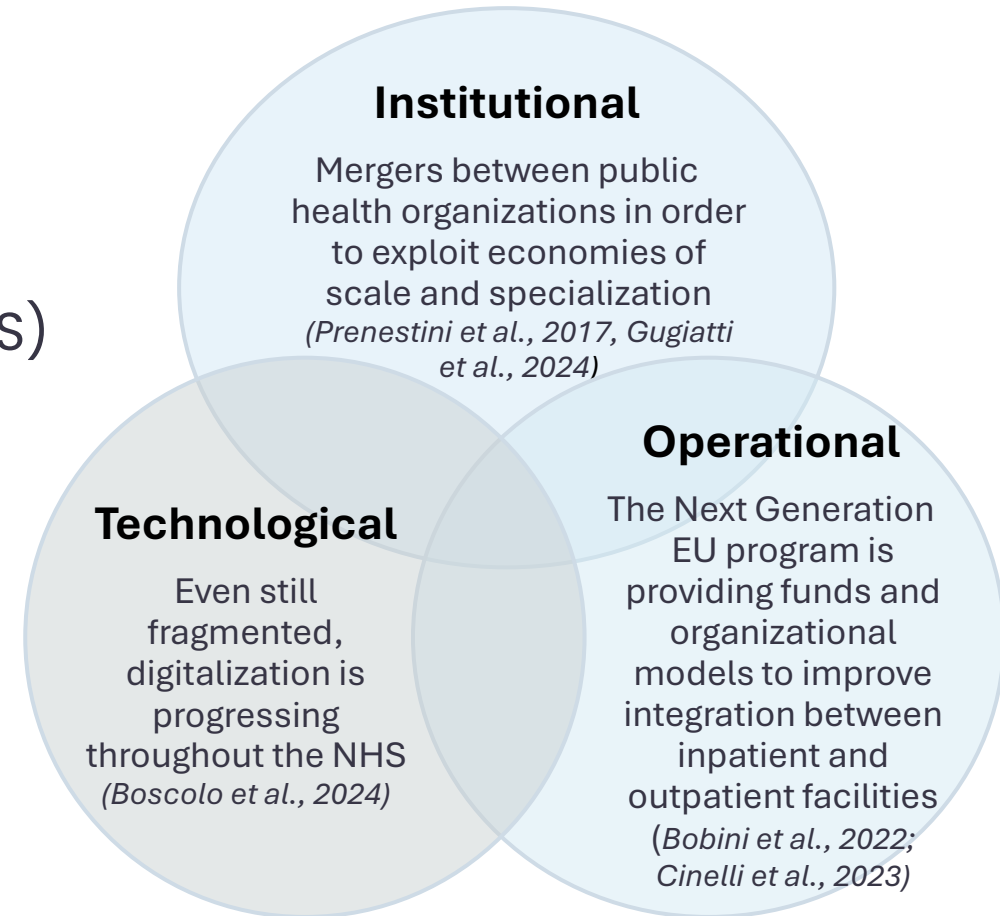
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# Introduction: multi-faceted change in the (Italian) healthcare

The Italian National Health Service (INHS) is currently undergoing a dramatic, **multi-faceted era of changes**: institutional, operational, and technological aspects.



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# Research aims & design



1. **Provide an original, comprehensive framing of the ongoing change processes within the healthcare sector, by combining *multiple change management models***



2. **Offer an in-depth representation of these changes with a focus on the *leadership* issues, by examining a *specific case: the LHA (AUSL) and University Hospital Trust (AO) of Ferrara, and their process of integration***



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# Why this case study?

The case of the LHA (AUSL) and University Hospital Trust (AO) of Ferrara is particularly **revelatory** because:

1. It exemplifies the multifaceted evolution of the healthcare organizations, since **all types of change**—institutional, operational, and technological—are **intense**, and **managed under a single leadership**: from 2022, **both organizations are led by a single CEO**.
2. the discontinuity occurs in a territory that is **strongly affected by typical issues concerning public healthcare services**
  - **aging population**
  - the presence of **remote, low-density areas** where it is particularly difficult to maintain high-quality public services;
  - and a **stagnant economic trend**, which limits the public and private resources available to meet the needs.

*INSTITUTIONAL CHANGE*  
- The consolidation of the two healthcare organizations (LHA and UHT)

*TECHNOLOGICAL CHANGE*  
- Service digitalization (telemedicine)

*OPERATIONAL CHANGE* -  
Integration between inpatient and outpatient services (oncology)



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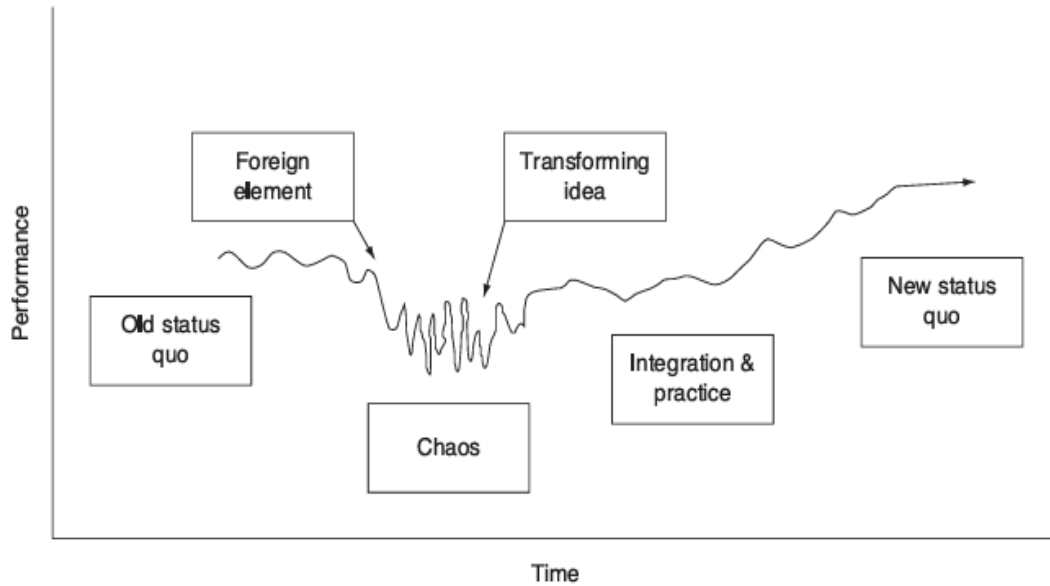
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# Theoretical frameworks: Satir (1983), Kotter (1996)

1

(Satir et al, 1983)



*Explains what happens when a change needs to be faced, also from the perspective of the emotional impact on the staff and on performance*

2

(Kotter, 1996)

## Kotter's 8-Step Change Model



*Enlists a series of interventions to foster long-lasting change*

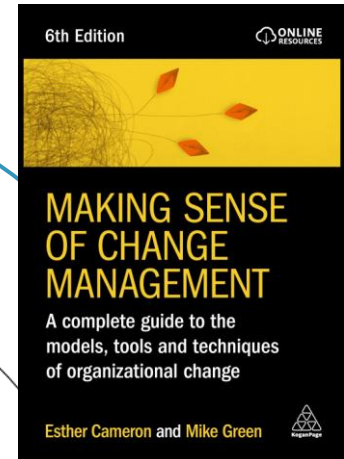
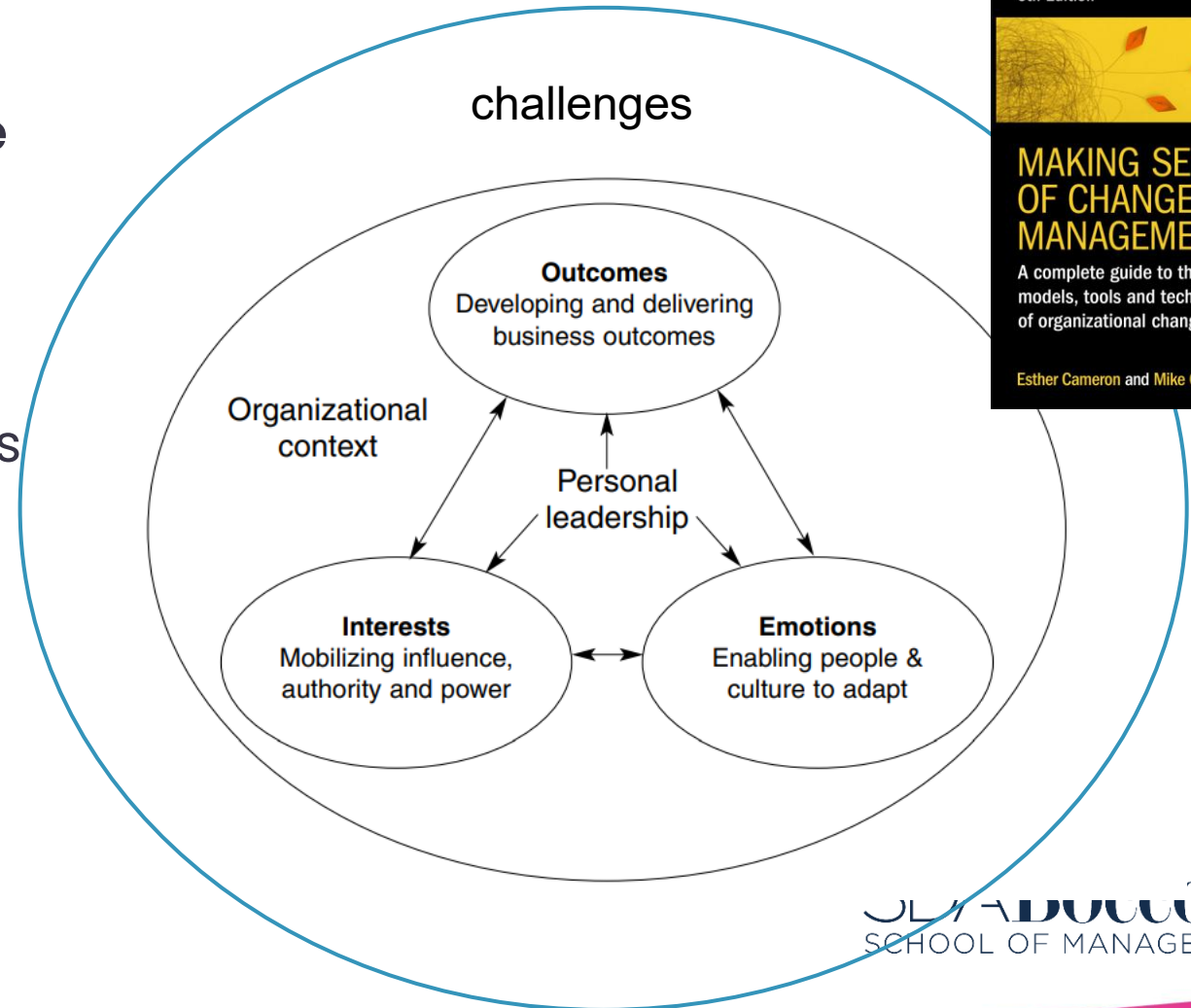
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# Theoretical framework: Cameron & Green (2024)

1

Cameron & Green **interpret change synchronously with leadership dynamics**, as the former is understood in relation to

- the development of activities in terms of delivered services/results (**outcomes**),
- the promotion of interest in change (**interests**),
- efforts to enhance a culture predisposed to change (**emotions**).

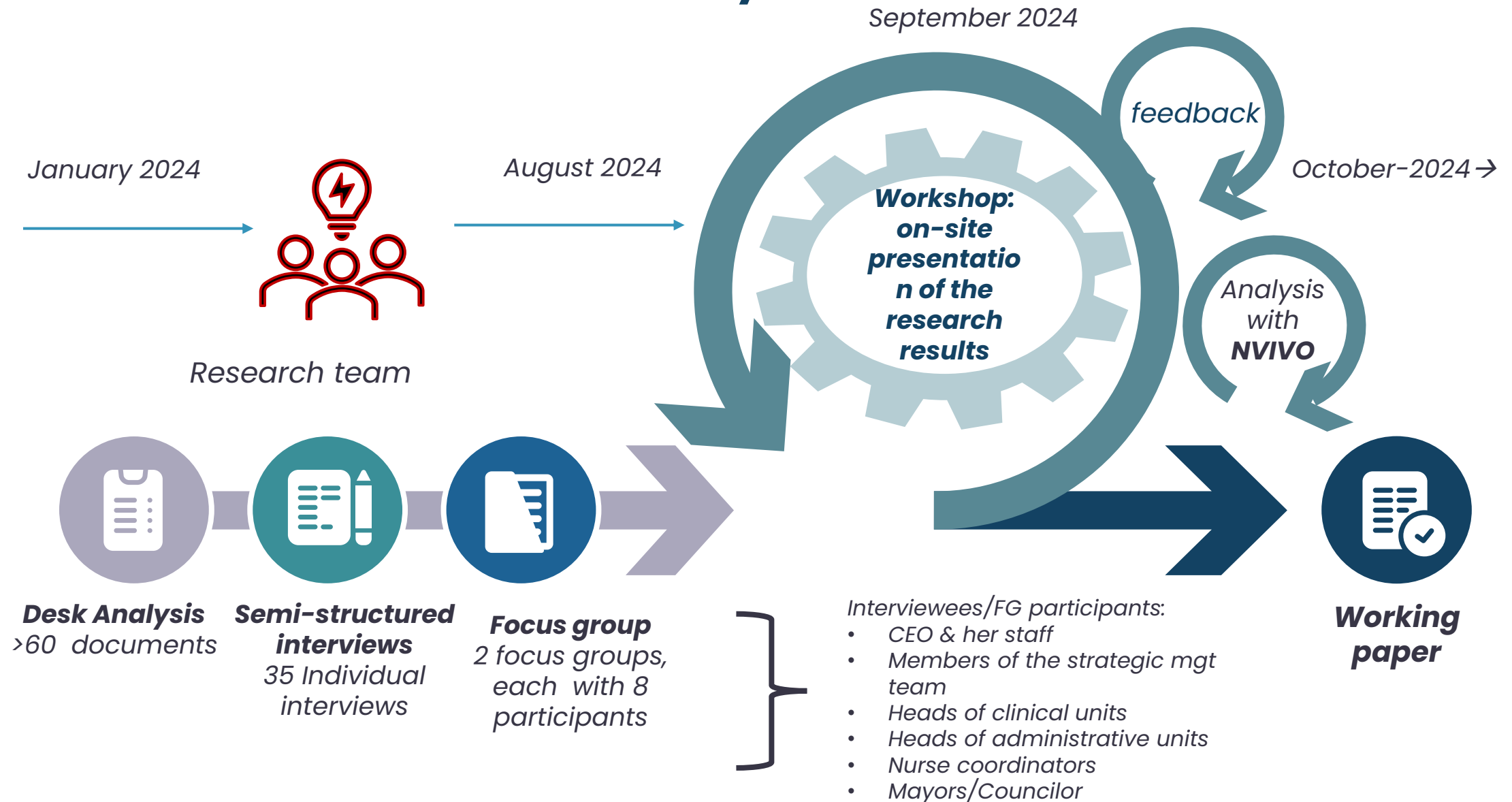


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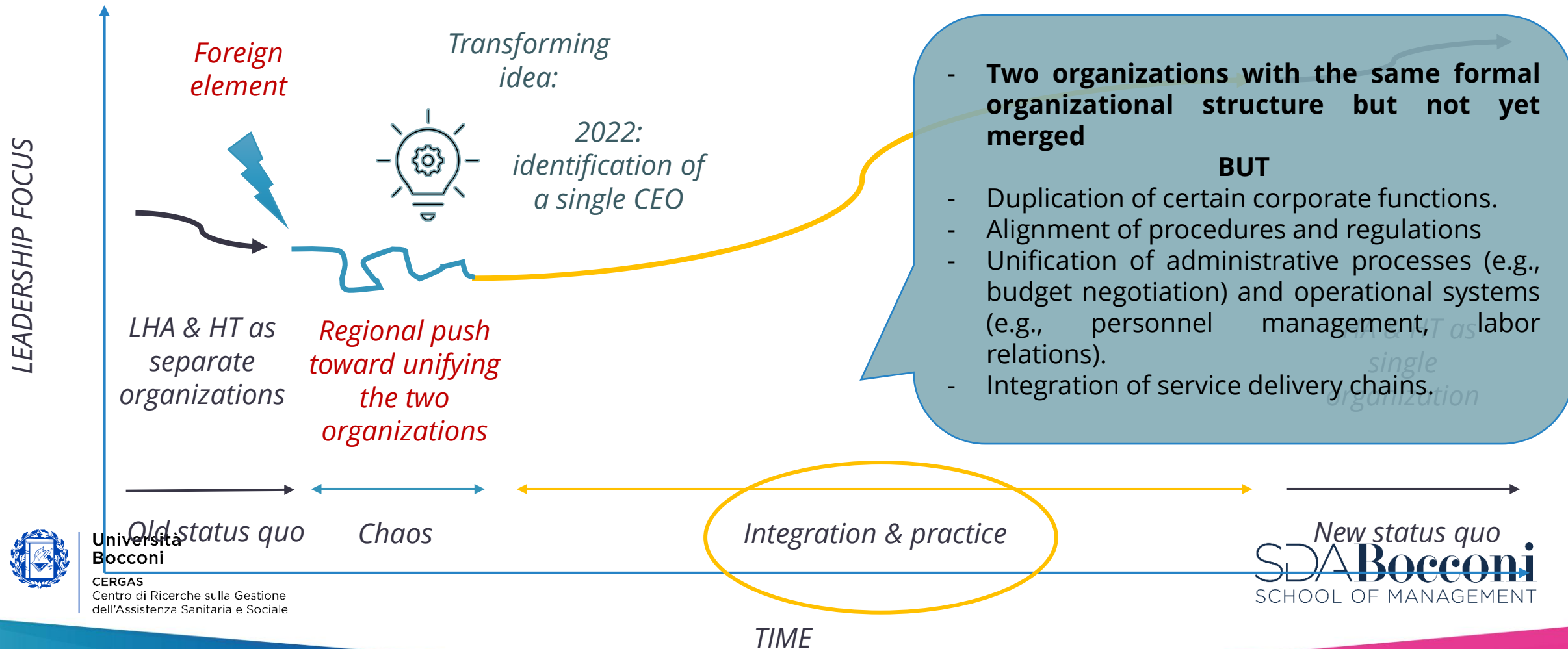
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# Methods: data collection & analysis



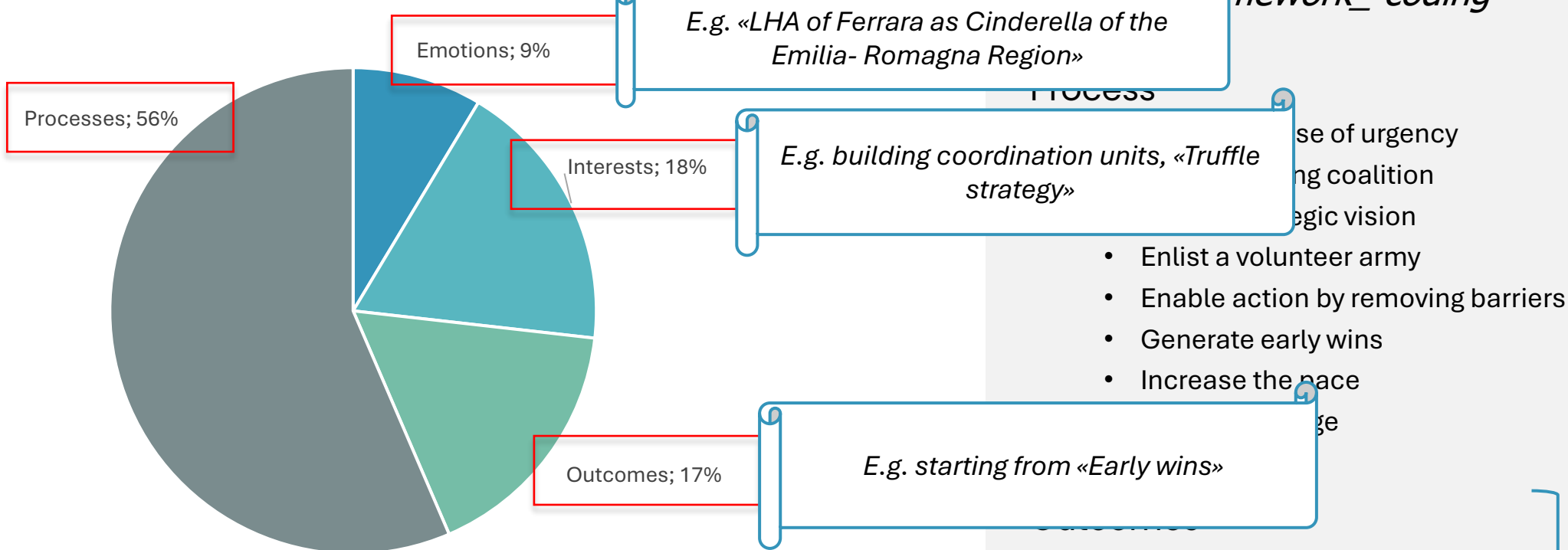


# Results: 1. Formal separation but integration of practices



# Results: 2. A leadership focus on interests and outcomes

Focus of the interviews



Framework\_ coding

Framework:  
Kotter  
(8 steps of  
change)

Framework: Making sense  
of change management



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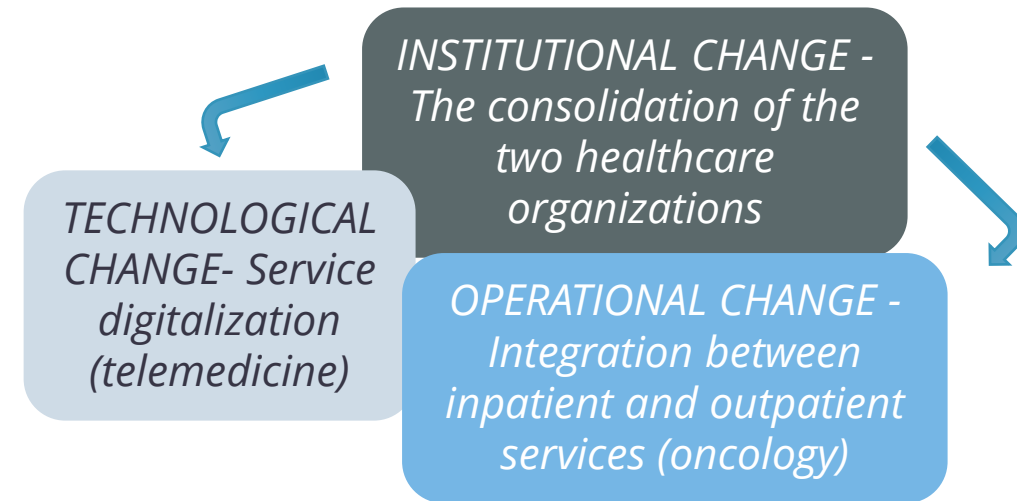
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## Results: 3. A unified long-term vision

Not three separate innovation projects, but a **unified long-term vision** guiding the three initiatives on different areas.

**Shared and integrated processes** across the various areas.

The real key forces for change lie in the institutional restructuring, which encompasses the other changes and in the **leadership of the General Director**.



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## Results: 4. A clear change model

Phase of change	Main activities and examples	Example of quotes
<b>1. Create a sense of urgency</b>	<ul style="list-style-type: none"> <li>Gathered feedback from professionals and patients and reports of inadequate services to identify priorities for change.</li> </ul>	<i>"Well, it's clear that epidemiology serves as the introductory framework for everything—that's evident. It all starts from there"</i>
<b>2. Build a guiding coalition</b>	<ul style="list-style-type: none"> <li>Established a network of motivated middle managers and project managers.</li> <li>Leveraged experienced staff to ensure alignment with the change vision.</li> </ul>	<i>"The strategy – and tactic – was to create [inter-organizational] working groups to define the macro process through procedures that needed to be detailed"</i>
<b>3. Form a strategic vision and initiatives</b>	<ul style="list-style-type: none"> <li>Created interorganizational departments to unify the organization.</li> <li>Prioritized process redesign over technology upgrades.</li> <li>Focused on improving care for chronic conditions (e.g., diabetes).</li> </ul>	<i>"The vision from top management is very clear, and this helps. I also see a great effort to involve the managers and to make them understand, which is also beneficial because I have a clear understanding of what my management wants"</i>
<b>4. Communicate the vision</b>	<ul style="list-style-type: none"> <li>Held regular meetings with stakeholders, including interorganizational teams and professionals.</li> <li>Used transparency to explain changes and engage staff at all levels.</li> </ul>	<i>"We have always shared as much as possible, within company discussion forums, the actions we intended to implement—through executive boards, staff meetings, department committees, and then cascading down to the professionals."</i>



## Results: 4. A clear change model

Phase of change	Main activities and examples	Examples of quotes
<b>5. Empower action by removing obstacles</b>	<ul style="list-style-type: none"> <li>Aligned procedures and culture across both organizations.</li> <li>Provided training and prepared staff for the transition to unified operations.</li> </ul>	<i>"...We are preparing with the exact same program to do the same thing."</i>
<b>6. Generate short-term wins</b>	<ul style="list-style-type: none"> <li>Launched successful early projects, including remote care for gestational diabetes and tele-reporting for diabetic retinopathy screening.</li> </ul>	<i>"...we focused on a group of women with this temporary form of gestational diabetes, for whom it was important to allow them to stay at home as much as possible."</i>
<b>7. Sustain acceleration</b>	<ul style="list-style-type: none"> <li>Conducted field simulations to test new processes and systems.</li> <li>Addressed technical and operational issues to further streamline the transition.</li> </ul>	<i>"...we moved into a field simulation phase to test whether everything could function from a technical and IT standpoint, and also to identify any further critical issues or feedback from staff regarding the new service delivery model."</i>
<b>8. Institute change</b>	<ul style="list-style-type: none"> <li>Embedded changes into the organizational structure and operational processes to ensure long-term sustainability of the improvements.</li> </ul>	<i>«We were right there alongside the citizens while they were having their retinal scans, at the very moment they were doing them [...]. Because if you leave it solely to the perspective of an individual professional [...], but then that work isn't channeled into a system of data flow reporting—whether at the company or even regional level [...]."</i>

# What can learn from this case?

## 1. Internal protagonism of LHA vs. external constraints (formal recognition/approval)

- How can we maintain momentum for change while waiting for an external event?  
*"We did everything; now it's just a matter of formal regulations."*
- Peculiarities of innovation in the public sector (leadership continuity vs change, formalization, regulation)

## 2. Decision-making strategy: The “Truffle” approach

- A nuanced balance—rather than a top-down or bottom-up structure, the strategy relies on carefully navigating between centralization and local flexibility.

## 3. The role of staff and operating line: guided yet empowered

- Their dual role as both executors and interpreters of strategy is crucial in sustaining innovation.



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# THANK YOU

## Research team

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Giovanni Fosti, Alberto Ricci



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